

# Moving towards online-based STI testing and treatment services for young people: who will use it and what do they want?

## Authors:

Ludwick T<sup>1</sup>, Walsh O<sup>1</sup>, Cardwell T<sup>1</sup>, Kong F<sup>1</sup>, Hocking J<sup>1</sup>

<sup>1</sup>All authors affiliated with the University of Melbourne

## Background:

With rising STI notifications and capacity constraints on sexual health clinics, online STI testing services and self-testing options can expand access. Our study aimed to understand young Australian's preferences for online STI testing and treatment services.

## Methods:

We recruited Australians aged 16-29 to an online survey using social media. We assessed their preferences for: i) online consultation (online questionnaire, telehealth consultation, hybrid); ii) testing (attend lab for specimen collection, self-sampling using home-kits which are mailed to lab); iii) treatment (tablets posted by mail; at pharmacy via e-script, at attended clinic). Multivariable multinomial regression (relative risk ratio [RRR]) assessed sociodemographic factors associated with service preferences.

## Results:

Of 905 individuals, 41% were same sex-attracted, 24% culturally/linguistically diverse (CALD), and 21% resided rurally.

For consultation, 42% preferred an online questionnaire, 9% telehealth consultation, and 48% a hybrid approach. Rural versus urban youth preferred online questionnaire compared with telehealth (RRR=1.92; 95%CI 1.04 to 3.55), whereas CALD were less likely to select online (RRR=0.43; 95%CI 0.24 to 0.79).

For testing, most preferred homekits for urine (65%) and for swabs (71%), but not bloods (29%). Preference for homekits over pathology labs was positively associated with rural location (RRR=2.45; 95%CI 1.13 to 5.29) and negatively with CALD identity (RRR=0.54; 95%CI 0.30 to -2.06). 86% were willing to provide co-payment to access homekits.

For treatment, most preferred to receive an e-script (63%), with only 10% preferring tablets by mail. Compared to clinic-provided treatment, mailed tablets appealed to rural youth (RRR:2.31; 95%CI 1.16 to 4.63) and older youth aged (25-29) (RRR=6.31; 95%CI 2.39 to 16.69). CALD individuals (RRR=0.52; 95%CI 0.35 to 0.78) were less likely to choose e-scripts.

## Conclusion:

Our results show significant interest in self-sampling and automated prescriptions. Online and non-clinic facing options may differentially appeal to rural youth and CALD individuals.

**Acknowledgement of Funding:**

This research is funded by an NHMRC grant and with support from the Victorian Department of Health